This report is due September 19, 2011 from all candidates if there is a Preliminary Election anywhere in the City.



# Form CPF M 102: Campaign Finance Report Municipal Form Municipal Form Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Jan 1	File with: City or Town Clerk or Election Commission, 2011 Ending Date: Sep 9, 2011
Type of Report: (Check one)	
⊗ 8th day preceding preliminary	30 day after election year-end report dissolution
Nicholas J. Carbone Candidate Full Name (if applicable)	The Committee to Elect Nicholas Carbone Committee Name
Ward Councilor District 5 Office Sought and District	Jessica Aguiar Name of Committee Treasurer
126 Village Crossing Fitchburg MA Residential Address	126 Village Crossing Fitchburg MA Committee Mailing Address
Telephone Number (optional): 978.987.6163	Telephone Number (optional): 617.827.4942
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	O
Line 3: Subtotal (line 1 plus line 2)	0
Line 4: Total expenditures this period (page 5, line	e 14) 630.80
Line 5: Ending Balance (line 3 minus line 4)	- 630. <sup>80</sup>
Line 6: Total in-kind contributions this period (page	ge 6) 100.°°
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Worker's C	redit Union
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind or finance activity of all persons acting under the authority or on-behalf of this committee in a Signed under the penaltles of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 both committee and no activity independent of the committee activity, of all persons acting under the authority or on helalf of this committee in activity, of all persons acting under the authority or on helalf of this committee in activity, of all persons acting under the authority or on helalf of this committee in activity, of all persons acting under the authority or on helalf of this committee in activity, of all persons acting under the authority or on helalf of this committee in activity, of all persons acting under the authority or on helalf of this committee in activity, of all persons acting under the authority or on helalf of this committee.	ontributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 09/19/11
activity, of all persons acting under the authority or on behalf of this committee in accincurred any liabilities nor made any expenditures on my behalf during this reporting a Candidate without Committee QR Candidate with independent activity filing sep I certify that I have examined this report including attached schedules and it is, to the I finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this signed under the penalties of perjury:	period.  parate report  best of my knowledge and belief, a true and complete statement of all campaign  in kind contributions and liabilities for this contribution.

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)	
ine 9: Total Recei	ipts over \$50 (or listed above)			
ine 10: Total Rece	ipts \$50 and under* (not listed above)			
ine 11: TOTAL F	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required) Amount		Occupation & Employer (for contributions of \$200 or more)		
·					
Line 9: Total Recei	pts over \$50 (or listed above)				
Line 10: Total Rece	ipts \$50 and under* (not listed above)				
	RECEIPTS IN THE PERIOD	o O Line 10 show	Enter on page 1, line 2		

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
06/14/11	Blanchavd & Brown Printing Co.	3568 Broad Street Fitchburg MA 01420	250 political postcardo	148.75
09/01/11	Blanchard & Brown Printing Co.	3668 Broad Street Fitchburg MA 01420	75 political postcarclo	37.19
05/24/11	CVS/Pharmacy	454 Electric Avenue Lunanburg MA 01462	Photo for post-card.D	8.49
08/09/11	Lonenburg Post Office	945 Massochusetts Avenue Whenburg MA 01462	Stamps	30.71
07/07/11	Victorystore.com		Lawn Signs	405.66
·				
<u> </u>	<u> </u>	Line 12: Total Expenditures over \$50 (or listed above)		630, <sup>80</sup>
Line 13: Total Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD			630.80	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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# SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
				Bergelen in Section (In Control of Section (I
				To the state of th
		·		
	The state of the s			
	·	Line 12: Expenditures over \$50 (or listed above)  Line 13: Expenditures \$50 and under* (not listed above)		
***	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT		630,80

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
09/06/11	George Bourque 11	306 Hillside Road North Andover MA	check.	100,60
				,
The state of the s				
10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	The second secon	Line 15: In-Kind Contributions	s over \$50 (or listed above)	100.∞
		Line 16: In-Kind Contributions \$50 & under (not listed above)		
	Enter on page 1, line 6 →	→ Line 17: TOTAL IN-KIND CONTRIBUTIONS		

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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# SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		· ·		
Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)				